

Maryland Coordinating Committee for Human Services Transportation Five Year Human Services Transportation Plan

I. INTRODUCTION AND BACKGROUND

While many Marylanders jump in their car each day and head to work, to the mall, or to a doctor's appointment, for many others transportation is a daily challenge. Many State residents cannot drive due to age or a disability, while many others cannot afford a car of their own. For these Maryland citizens, their transportation choices are severely limited.

But when all Maryland residents have greater mobility options, and consequently more access to jobs, shopping, and other services, our entire community benefits. By providing this vital link through public transit and specialized human services transportation, the State allows people with limited transportation resources to be active participants in our society.

In October 1997, Maryland Governor Parris N. Glendening established the "Maryland Coordinating Committee for Human Services Transportation." The Committee was instructed to examine the transportation needs of Maryland's elderly, disabled, and low-income citizens; coordinate the State's efforts to provide quality human services transportation services; and serve as a clearinghouse for transportation coordination issues throughout the State. In addition, the Committee was charged with developing this Five Year Human Services Transportation Plan to help citizens access jobs, education, and training programs, health care services, and senior citizen activities.

This plan is a guide to better coordinate public and human services transportation in Maryland. The first section provides the background for this plan, including an inventory of current transportation services and resources, the work of the Coordinating Committee, the development of the *Maryland Transportation Coordination Manual*, and the formation of the Community Access Steering Committee. Part II of this document summarizes where we are today, including the Maryland State and Federal programs that fund human service and specialized transportation. Part III discusses where we want to be — what is the vision for human service transportation in Maryland? Part IV presents the plan to achieve this vision, through four major action items to be implemented over five years. Finally, Part V concludes the document, with a call to increase coordination efforts at the State, regional, and local levels.

At the State level, the implementation and success of this plan depends on a commitment by Coordinating Committee agencies to the recommended strategies for improved coordination, consistent standards, enhanced training, and increased customer information. At the local and regional levels, this plan is reliant on elected and other key officials, transportation providers, human service agency representatives, planners, and customers working together to improve coordination of services and funding in their communities or regions.

Inventory of Human Services Transportation and Locally Operated Transit Systems

Currently, public transit and specialized human services transportation are funded through a variety of Federal and State programs. A May 2000 report, "Inventory of Maryland Human Service Transportation Program and Services," prepared for the Maryland Transit Administration (MTA) and the Maryland Coordinating Committee for Human Services Transportation, indicated that human service agencies and locally operated transit systems in Maryland spent an estimated *\$74 million* on human service client and specialized transportation in FY1999, utilizing over *1,900 vehicles*. It is vital that Maryland improves the coordination of the services provided with these funds, and ensures the maximum amount of benefits with the monies available. Simply put, this means getting our biggest human services transportation bang for our buck.

The coordination of public and human services transportation is even more critical when viewing the following statistics:

- Of the 5.2 million people in Maryland in 2000, 15 percent (785,892) were over the age of 60. This percentage is expected to increase to 23 percent of Maryland's population of six million by the year 2020.
- Individuals over the age of 85 are the fastest growing segment of the population, growing from 62,328 in 2000 to 100,501 by the year 2020.
- Marylanders aged 60 and over, with functional disabilities related to mobility or personal care, who are living in the community will account for 148,791, approximately 19 percent of the total number of elderly Marylanders, in 2020.
- As of October 2001, over 73,000 Maryland residents were receiving Temporary Cash Assistance (TCA) through the Temporary Assistance for Needy Families (TANF) Program.
- The number of service-type jobs that attract low-income people with limited transportation resources continue to increase. In 2000, over 1.1 million jobs fell into this category, up from 848,100 in 1990, and projections estimate this number to reach 1.25 million by 2005.
- Over 17 percent of people between the ages of 15 and 64 have a disability, and
- Over 53 percent of people age 65 and over have a disability.

Sources: Maryland Department of Aging
Maryland Department of Planning
Maryland Department of Human Resources
Governor's Office for Individuals with Disabilities

Maryland Coordinating Committee for Human Services Transportation

As part of a national effort, a meeting was convened in November 1995 by the Federal Transit Administration (FTA) and the Department of Health and Human Services (DHHS) to bring together State transportation and human services specialists. Participants left the meeting acutely aware that states must become proactive in the coordination of human services transportation. The meeting offered several realities at the time, and still critical today:

- Welfare reform, and the movement of many businesses to suburban areas, necessitates creative transportation solutions to enable urban residents access to available employment opportunities.
- Healthcare reform means more outpatient services, and as a result, more trips to medical appointments.
- The burgeoning population of senior Americans means more transportation needs, especially for specialized transportation that meets the needs of the elderly.
- Transportation services to meet the needs of persons with disabilities are insufficient.
- Level or decreased funding for public services, including transportation operating funds, means providing more services with less funding, so economic efficiency is critical. Service coordination is an important strategy by which to promote this efficiency.

As a result of this meeting, the Maryland Ad Hoc Committee for Human Services Transportation was born. Its mission was to examine existing human services transportation needs in the State with a view towards development of a cooperative, coordinated transportation delivery system. The Committee surveyed 500 transportation providers in the State of Maryland, and analyzed more than 200 survey results to determine the barriers to the coordination of human service transportation.

The Committee recommended that Governor Glendening appoint a State Coordinating Committee to help break barriers, solve problems, and bring expertise to enable the coordination of human services transportation. In October 1997, an Executive Order from the Governor created the Maryland Coordinating Committee for Human Services Transportation.

The Committee was instructed to:

- Examine the needs of citizens who are elderly, disabled, and individuals requiring transportation to access jobs, medical and health appointments, senior programs and activities, training and education programs, and other specialized programs;

- Coordinate Maryland's efforts to provide quality human services transportation services by working with appropriate Federal, State, and local agencies, transit customers, and transportation providers to develop a cooperative, coordinated senior citizen and human services transportation program;
- Devise a five-year human services transportation plan to help citizens access jobs, education and training programs, health care services, and senior citizen activities by providing cost effective, affordable, high capacity, high quality, easily understood, safe and accessible transportation; and
- Serve as a clearinghouse for transportation coordination issues throughout the State, identify local and statewide issues, transportation resources and cost savings measures, investigate the need for establishment of standards for vehicles and drivers and examine other appropriate areas that facilitate the development of a quality human services transportation system in Maryland.

The Coordinating Committee is chaired by the MTA, and consists of members from the Maryland Department of Transportation (MDOT), the Department of Human Resources (DHR), the Department of Health and Mental Hygiene (DHMH), the Department of Aging (MDoA), the Department of Labor, Licensing & Regulation (DLLR), the Governor's Office for Individuals with Disabilities (OID), and the Maryland Department of Education's Division of Rehabilitation Services (DORS).

In addition, the Transportation Association of Maryland (TAM), the Baltimore Metropolitan Council (BMC), the Developmental Disabilities Council, the Job Opportunities Task Force, and various local transit systems and transportation providers from across the State are represented on the Committee.

The Committee has provided a unique forum where many agencies can meet to openly discuss statewide transportation issues and help develop a cooperative coordinated human services transportation system. Still, a stronger and more focused effort to improve human services transportation is needed, and is outlined in this plan.

Maryland Transportation Coordination Manual

In January 1998, the MTA and the Coordinating Committee developed a comprehensive *Maryland Transportation Coordination Manual*. This manual provides guidance and recommendations to Maryland's human services transportation providers to enhance coordination efforts for the delivery of efficient and productive services.

With funds from MTA and National Governor's Association grants, a series of nine one-day forums were held throughout the State between February and April 1998. Each forum included an introduction to the concept of coordination, an overview of the process as presented in the manual, and a facilitated discussion aimed at initiating a local coordination process in each region. From these initial meetings, coordination efforts began in various

parts of the State. Several regional coordination efforts are discussed in the next section, and a progress report detailing coordination activities across the State is included in the appendix.

Community Access Steering Committee

In July 1999, the Supreme Court issued a decision commonly referred to as the Olmstead decision. This resulted from a suit brought by two Georgia residents who were seeking relief under Title II of the Americans with Disabilities Act (ADA). The plaintiffs alleged that they had been improperly institutionalized in State institutions and denied access to State funded community placements despite the recommendations of the involved treatment professionals. While the Court's decision is a complex one, actually comprised of several opinions issued by various justices, for the purposes of this plan it may be sufficient to say that the Supreme Court concluded that under Title II of the ADA:

“...States are required to provide community-based treatment for persons with disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities...119 S.Ct.at 2190”.

Many who reviewed the Court's decision have advised that a State could best demonstrate its compliance with the ADA and the decision by adopting a comprehensive, working plan for providing opportunities for those individuals currently residing in institutional settings to move to more integrated communities of their choice. With this in mind, Governor Glendening established the Community Access Steering Committee through an executive order issued on July 26, 2000, marking the tenth anniversary of the ADA. The role of the Steering Committee was to examine a series of core issues that significantly influence the State's ongoing efforts to expand community services for individuals with disabilities. Specifically, the Steering Committee was to accomplish the following:

- Identify “effective practices” and other proven strategies which have allowed persons with disabilities to expand their community options;
- Examine the proposed funding and programmatic proposals of each task force and formulate an integrated set of final recommendations for consideration by State and local authorities; and
- Make recommendations regarding initiatives, which would enhance the State's efforts to accelerate placement of persons with disabilities in more integrated, community-based settings.

The Steering Committee completed its work through a number of task forces, including the Systems Integration Task Force, which focused on crosscutting issues that affect all populations of individuals with disabilities, including housing, workforce development, transportation, quality assurance, and issues for children with disabilities. The

recommendations of this task force were considered by the full Community Access Steering Committee. The adopted recommendations were forwarded to the Governor in the Committee's final report, submitted on July 13, 2001, and were submitted for inclusion in this plan.

II. WHERE ARE WE TODAY?

A variety of programs fund transportation in Maryland through various State agencies, including the following:

- Maryland Transit Administration,
- Maryland Department of Aging,
- Department of Health and Mental Hygiene,
- Department of Human Resources,
- Department of Housing and Community Development ,
- Department of Education/Division of Rehabilitation Services, and
- Head Start (administered on the Federal level).

The social service programs administered by these agencies address a variety of needs — health, education, employment training, vocational rehabilitation, nutrition, housing, and transportation. Generally, the programs are funded through Federal categorical grants given to State and local governments or other non-profit organizations and directed at narrow objectives or specifically defined needs. Each program has its own set of policies and administrative requirements that restrict the use of these funds (to meet specific Federal policy objectives or perceived problems) and define how the program must be administered.

The provision of transportation services to their clients has long been an important part of most of these programs. Most programs providing transportation do so as a support service. These programs provide transportation to clients in a variety of ways — reimbursement to clients for use of their private automobile or for taxi fares, transportation tokens or tickets for clients use of public transit, transportation that is purchased through contracts, and transportation that is provided directly by the agency through the purchase and operation of vehicles, agency program staff provide transportation, and use of volunteers.

The wide variety of social service transportation on the local level creates a need for a mechanism to increase coordination among these organizations, both within State government and on the local level. The coordination of human service transportation requires attention and action at all levels of government. State governments are pivotal in the process of converting Federal grants into local human services and public transit services.

Review of State and Federal Human Service Transportation Resources

Following is a brief overview of Maryland's primary state-administered programs that provide specialized transportation:

The Maryland Transit Administration of the MDOT administers the following programs geared to meeting the transportation needs of the State's elderly citizens as well as the needs of persons with disabilities:

- **Section 5310.** Section 5310 of the Federal Transit Act of 1991 provides Federal formula funding to states to help meet the community transportation needs of senior citizens and persons with disabilities, predominantly through capital funding to non-profit organizations. In Maryland, funds are used to purchase vehicles and equipment for private, non-profit organizations. In FY2000, Maryland was allocated \$1,219,834 in Federal Section 5310 funds.
- **Statewide Specialized Transportation Assistance Program (SSTAP).** Maryland established the SSTAP to meet general-purpose transportation needs of elderly and disabled persons. SSTAP funds are awarded annually on a formula basis to each county in Maryland, plus Baltimore City. Each jurisdiction must designate one recipient of SSTAP funds. The funds can be used for capital and/or operating expenses; most counties use the funds to offset operating expenses. For FY2000, SSTAP funds totaled \$3,000,000 statewide.
- **Americans with Disabilities Act Funding.** MTA's ADA funding is intended to provide financial assistance to help local public transit systems comply with ADA. The funds can be used for capital and/or operating expenses to provide paratransit services for persons with disabilities. Each jurisdiction designates one ADA recipient, typically the local public transit provider. In FY2000, ADA funds totaled \$3,000,000 statewide. The program is entirely state-funded, with no local match required.
- **Job Access and Reverse Commute Program.** The Job Access and Reverse Commute Program funds transportation services that provide low-income individuals with greater access to employment opportunities, job training sites, and daycare facilities. Funding can be used to implement new transportation services or extend existing services to fill the gaps in current public transit. The Job Access and Reverse Commute Program is funded federally by FTA, with FTA requiring a minimum 50 percent match. In FY2000, the program totaled \$4,239,760, increasing to \$8,141,545 in FY2001 (including Federal, State, and local matching funds).

Funding from other Federal programs may be used for this match, with TANF funds a primary source. With this in mind, the DHR and the MTA have worked closely on the Job Access program, with DHR providing significant funding both directly from the State level and through local Departments of Social Services (DSS). This has resulted in improved collaboration among local transit providers and human service agencies and a more coordinated effort to connect people with jobs.

In April 2001, The Maryland General Assembly passed legislation establishing a Job Access program within the MDOT budget and setting guidelines for the program beginning with FY03. This legislation assures that the State's Job Access program will continue beyond the Federal authorization that is scheduled to end in Federal FY2003.

The Maryland Department of Aging administers the Older Americans Act Title III-B Program, Supportive Services, and Senior Centers. Through a combination of Federal and

State funds, the MDoA provides funding to local Area Agencies on Aging (AAAs) to provide supportive services for senior citizens, including the operation of multi-purpose senior centers. Transportation for seniors to access these programs is an eligible use of the funds. The AAAs in Maryland have budgeted a total of \$202,834 in Title III-B funds for transportation. In addition, AAAs have budgeted \$69,327 in program income and \$270,346 in other funds, for a total of \$542,507 budgeted for transportation under the various Title III programs sponsored by the AAAs.

The Department of Health and Mental Hygiene (DHMH) administers the following human service transportation programs:

- **Office of Health Services - Medicaid Transportation.** Medicaid is a program jointly funded by the State and Federal governments that provides reimbursement for covered medical services provided to certain qualified low-income persons and medically indigent persons. There are three separate programs that are used to ensure that transportation is available for Medicaid recipients to access covered health services. These are the Transportation Grant Program for non-emergency transportation, the Emergency Service Transporters Program for "911" emergency transports, and the Ambulance Service Program for duly eligible (Medicare/Medicaid) clients. All non-emergency Medicaid transportation is governed by COMAR 10.09.19, Transportation Grants, except Medicare-covered ambulance services.

The Medicaid Transportation Grant Program is intended to assure non-emergency transportation is available for eligible Medicaid recipients in the State.

The client transportation funds flow from the State agency to the local jurisdictions as a separate transportation grant, as distinct from other agency programs, except in Montgomery County. The Medicaid Transportation Grant funds are administered through the local Departments of Health. In Montgomery County, the grant goes directly to the Montgomery County Department of Transportation. These grant-in-aid funds are to be used for the "safety net" funding of transportation to recipients who have no other available source of transportation.

While local grantees must comply with the provisions of the State regulations and the Federal Medicaid program guidance, they are free to decide how they will provide transportation. Most departments contract for actual transportation operation with one or more transportation subcontractors (although some provide transportation directly using agency vehicles) and some contract for both the trip screening and the actual transportation. If local grantees want to subcontract for the service, they must select the contractors using a competitive bid process.

In FY1999, the DHMH funding for the program was \$13,913,191, with half of these funds coming from the Federal government, and half provided by the State.

- **Developmental Disabilities Administration (DDA)** supports transportation services for approximately 20,000 individuals through the following programs: Residential and Day Services, Supported Employment, Support Services, and Community Supported Living Arrangements. Transportation is an element of these programs, although in general there are no specific allocations or budgets for transportation.
- **Residential and Day Services** assists approximately 170 agencies statewide that support DDA clients under the residential and day services program. These agencies are a mix of private non-profit and private for-profit organizations. The Residential programs support alternative living units (ALUs) for individuals who have a mental or developmental disability. Most residents have jobs, either through sheltered employment programs or within the community. Individuals are transported to doctors, stores, jobs, and other community activities. Day Services include day habilitation and work skills training programs for individuals that need support during the day and are not employed in the community.

The State reimburses agencies in these programs based on attendance (number of client-days of service provided). There is a fixed rate per client per day. Various services go into the rate calculation including transportation, but it is not billed or funded separately. Agencies are responsible for arranging transportation for their clients, either directly or by contracting with other agencies or transportation providers. Residential and Day Services programs have an annual budget of approximately \$350 million. An estimated 10-15 percent of this amount is spent on client transportation. The State does not track or monitor transportation costs specifically.

- **The Supported Employment Program** supports DDA clients working at jobs in the community. Transportation to and from work sites is part of the program. The program encourages individuals who can take transit to and from jobs to do so and pay for it themselves as part of their self-sufficiency.
- **Individual and Family Support Services** provides assistance to individuals and families in the client's residence, including medical support, counseling, and offering training support groups, and parenting skills.
- **Community Supported Living Arrangements (CSLAs)** involve DDA clients who live in their own homes who require support services.

Transportation is a part of the mix of services that clients receive in these programs, but is not allocated or budgeted separately. In FY1999, Supported Employment was budgeted at \$28.5 million, Individual and Family Services at \$24 million, and CSLAs at \$13 million. No data are available on how much of these funds were actually spent on transportation; however, during the survey of local agencies conducted for the inventory, 58 of the 160 DDA contractors reported spending \$10.7 million on transportation in FY1999.

- **Mental Hygiene Administration (MHA)** supports client transportation under the following programs:
 - **Psychiatric Rehabilitation Programs (PRPs).** Transportation is an element of these programs, but in general, there are not specific allocations for transportation. MHA PRPs primarily include psychiatric rehabilitation services. Transportation between the home and the day program site is an eligible expense. MHA uses a “fee for services” approach. The rates paid to the providers are based on the services provided, and transportation costs are built into the rate. The current transportation rate is about \$2.00 per client per day.
 - **Outpatient Mental Health Clinic Services (OMHC).** Funding is provided for clients traveling to mental health therapy and other qualified medical appointments. Funding for OMHC services gets very complicated, depending upon whether or not clients qualify for Medicaid. The overall funding is a mix of Medicaid and State DHMH funding.
 - **Supported Employment Services.** This program is reimbursed through the fee for service system, with minimal transportation costs included in the fee.

The Department of Human Resources, Family Investment Administration (FIA) administers the Federal Social Services Block Grant (Title XX) program that provides formula funds to State agencies to provide social services, typically through the local DSS. In the State of Maryland, these programs are administered through a number of administrations under the DHR. The administration most involved in client transportation is the State’s FIA, which is responsible for administering the State’s Family Investment Program (FIP) under Maryland’s TANF block grant.

The State allocates FIP funding to the local DSS based on a number of factors. Client transportation can be provided under these programs. The local DSS develops, implements, and manages their own programs and local DSS’ submit plans to DHR/FIA for implementing the FIP program. While the FIA does not have a separate transportation grant program for the DSS, transportation must be included in the county FIP plans and the DSS must identify a transportation budget. Local DSS’ can use their transportation funds however they see fit, as long as they include the concept in their FIP plan. Some departments operate services directly, while others subcontract for service, use taxis, purchase vouchers, gasoline, and car repairs. In FY1999, the local DSS received \$2,790,419 in Federal and State funds for transportation projects under the FIA program.

In addition, the DHR contributed \$278,000 in FY1999 toward the statewide Job Access and Reverse Commute program received by MTA on behalf of local operators. The amount increased to \$1,646,989 from DHR for the Job Access program in FY2000.

The Department of Housing and Community Development oversees the State's Community Service Block Grant (CSBG) program. These grants provide assistance and leverage funding to Community Action Agencies (CAA) throughout the state. The funds are Federal dollars from the Department of Health and Human Services (HHS). The programs that receive funding must benefit people with incomes at 125 percent of poverty or lower. Funding covers a range of services and programs; transportation may or may not be one of the programs receiving funding. There are no specific transportation programs linked to this funding, but various transportation programs that provide assistance to low income families are funded, including Head Start transportation, transportation for migrant workers, and medical transportation for low income people who do not qualify for Medicaid transportation. Each CAA submits a triennial plan outlining how they intend to use the funds. The DHCD oversees approximately \$6.3 million in CSBG funds annually. With the matching dollars, it is estimated that total program expenditures for the CAA is approximately \$78 million annually. The DHCD does not track how much of its funding is actually used for transportation.

The Department of Education supports transportation to Maryland's students, including students with disabilities throughout the state.

- **Pupil Education.** Pupil transportation funding is appropriated annually by the legislature. The State of Maryland provides about 40 percent of the total cost of pupil transportation throughout the State, with the local jurisdictions providing the remaining 60 percent of the cost. The total annual cost is approximately \$115 million. Allocation of State pupil transportation dollars to individual districts is based on a formula. Some districts provide all of the services in-house, while others contract with private companies. School vehicles may be used to transport others, but State law does prohibit the intermingling of adults (other than those directly associated with the pupil transportation process) and children.
- **Division of Rehabilitative Services (DORS).** DORS does not provide any transportation services directly or through contractors or other agencies, except for transportation directly related to their residential programs. DORS is responsible for providing services to people with disabilities for the purpose of finding employment. Clients can receive direct payments for transportation to assist in receiving training or education needed to get into the work force. DORS has 22 offices throughout the State. Each office uses whatever transportation resources are available to them. DORS funding is generally 80 percent Federal and 20 percent State.

Inventory of Human Services Transportation

Since human services transportation is funded through different State agencies, one of the initial objectives of the Maryland Coordinating Committee for Human Services Transportation was to identify resources currently invested in meeting these needs. Work began on an inventory of State-sponsored human service transportation being operated by

local agencies. After numerous interviews with program managers of State funding programs and surveys of 178 human service agencies throughout Maryland, a May 2000 report, "Inventory of Maryland Human Service Transportation Program and Services," was prepared for the MTA and the Coordinating Committee.

The results were staggering. **This inventory indicated that human service agencies and local public transit systems in Maryland spent an estimated \$74 million on human service client and specialized transportation in FY1999.** (Data were included on agency transportation services being operated on the local level as well as public transit services of the smaller systems. Data were not included on "general" public transit services in the Baltimore and Washington metropolitan areas served by the MTA, Montgomery County, and Prince George's County; only specialized transportation services in these areas were included in the inventory).

A wide variety of Federal, State, local, and private transportation funding sources were reported:

- Client transportation funds under the DHMH total more than \$24.3 million, with its largest programs being Medicaid (\$11.3 million) and the DDA (\$10.7 million).
- Over \$17.5 million in MTA funds support specialized transportation, including ADA paratransit, the SSTAP program, and public transit in rural and small urban communities. The MTA's Mobility program is funded by \$7.4 million of this amount.
- Other Maryland departments that fund specialized transportation include Aging (\$0.4 million reported), Education (\$0.2 million reported), Housing and Community Development (\$85,000 reported), Human Resources (\$0.7 million reported), and the Governor's Coordinating Office for Children, Youth, and Families (\$0.7 million reported).
- Local and private sources reported totaled nearly \$17 million. Of these funds, local government funding makes up the greatest portion at \$6.9 million; fares and client fees for service provide \$4.8 million.

This data collection effort also identified that in FY1999, **human service agencies and the local transit operators in the State directly operated over 1,900 vehicles*:**

- 854 vans (including raised-roof),
 - 564 buses (all sizes and body styles),
 - 243 minivans,
 - 212 sedans, stations, and SUVs, and
 - 70 miscellaneous or for which vehicle type was not indicated.
- * These figures do not include all the vehicles used by human services agency staff or for case management activities. While some of these vehicles are providing "general public" services in the smaller communities, the vehicle figures are probably lower than the total

actually in operation since they do not include vehicles operated under contract or the ADA paratransit vehicles operated by MTA in the Baltimore region.

Current Coordination Efforts

In some instances around the State, coordination is already happening and building:

- The three counties on Maryland's Lower Eastern Shore, Somerset, Wicomico, and Worcester, are working together to address the region's transportation challenges. In addition to the local transit operators in each county and in Ocean City, the Lower Shore Private Industry Council, Salisbury University, and the local DSS joined forces to undertake a regional approach to the Lower Shore's transit needs. Ultimately, the extensive collaboration on the Lower Eastern Shore resulted in the formation of the Shore Transit Association. This association includes representatives from transit providers, human service agencies, and the business community. A regional coordinator was hired in early 2001 to manage and coordinate the efforts in the region.
- Regional coordination studies funded in State FY2002 through Governor Glendening's Transit Initiative, are helping move efforts in Southern Maryland and on the Upper Eastern Shore. In addition to building consensus on ways to improve regional transportation, these studies will provide a "blueprint" for future coordination of services, maintenance, training, and marketing.
- The MTA and the DHR have combined different sources of Federal funds to develop the State's Job Access and Reverse Commute transportation program. The Job Access program provides funding for transportation services to assist welfare recipients and other low-income individuals in accessing employment opportunities. The Federal funds from the FTA require a minimum 50 percent local match, and funding from the TANF program administered by DHR can be used for this match.
- As a result of its strategic planning process, early in 2000, the Developmental Disabilities Council identified the lack of sufficient accessible, available, and affordable transportation for people with disabilities as an issue that created barriers to the inclusion of people with disabilities in all aspects of community living. Therefore, a request for proposals was published seeking projects which would address this issue in various jurisdictions throughout Maryland. Both the Council and the MTA provided funding in Fiscal Years 2001 and 2002 to support the following projects:
 - Wicomico Transit – Expanding the Availability and Accessibility of Public Transportation for People with Disabilities. This project will increase the amount of rural transportation available to residents of Wicomico County. The project will add additional routes in rural areas not currently served and will incorporate existing routes of Go-Getters and Lower Shore Enterprises, two non-profit agencies serving people with disabilities. Along with educating people about the use of public transportation systems, this project will expand the hours of service into the metro core of Wicomico County to complement those of the evolving rural services.

Wicomico Transit will continue their efforts of coordination with other human service agencies that have transportation services throughout the project.

- Independence Now – Transportation Action Project. This project will disseminate a Transportation Resource Guide in Montgomery and Prince George's Counties to assist consumers in fully utilizing transportation systems. Users of fixed-route transit will be surveyed to examine if individuals have increased their use as a result of the accessible bus stop campaign in municipalities throughout Montgomery and Prince George's Counties. Work with the ADA office of the Washington Metropolitan Area Transit Authority (WMATA) will ensure clearly visible elevator signs in all Metro stations. Independence Now will develop training for paratransit drivers, and explore establishment of a model training curriculum for students with disabilities at one or more high schools.

Community Access Steering Committee

The Systems Integration Task Force of the Community Access Steering Committee published a number of findings with respect to transportation. Some of its key findings included:

- Transportation resources will be very important in the lives of Maryland citizens leaving institutions and moving to the community settings of their choice. As such, it will often be the difference between isolation within a community and full opportunity to participate in the activities of their choice.
- Public transportation, transportation operated or sponsored by the service providers involved with an individual, or other community transportation will be crucial to those leaving the institutions. Currently there is insufficient coordination between all the involved entities including the State agencies that fund or oversee the provision of transportation services.
- While not usually viewed as a human resource, public transportation is, in fact, so significant in the lives of those who rely on it for daily access to the services and resources of a community, that it is important to see it as such a resource, a bridge, so to speak, for individuals with disabilities.

While the Task Force issued other findings, these key finding formed the framework for its recommendations submitted to the Steering Committee and ultimately included in the Steering Committee's recommendations to Governor Glendening.

The key goal of the Systems Integration Task Force related to transportation was the provision of adequate, comprehensive, affordable transportation opportunities for individuals of all ages who have disabilities to enhance the State's efforts to move them into more integrated, community-based settings and to maintain in the community those currently living there but who are at risk of institutionalization.

III. WHERE DO WE WANT TO BE? ---

While current efforts across the State have improved access to needed services for Maryland citizens, there is still much work to be done. The ultimate goal should be coordinated community transportation --- with public transit serving as the foundation and specialized transportation filling the gaps --- to ensure the availability of efficient and effective transportation services for all Marylanders.

Efforts to accomplish this goal should follow the path established by Governor Glendening's Executive Order --- that human services transportation in Maryland should provide basic mobility to and from:

- jobs
- education/training
- health care
- senior citizen activities
- community services

The following components are essential to meet these objectives.

Human Services Transportation Needs to Be:

- **Cost-effective**
 - Maximizes use of existing resources (funding, vehicles, services, and facilities).
 - Minimizes vehicle down time.
 - Coordinates vehicles and services to ensure the maximum number of persons are on vehicles when operating.
 - Ensures fleet sizes are maintained at an appropriate number, with no excess vehicles.
 - Eliminates duplicative inspection regulations.
 - Ensures services are consistent with regional and statewide transportation plans, including local Transit Development Plans (TDPs) and the Maryland Comprehensive Transit Plan (MCTP).
- **Affordable**
 - Sets fares as low as possible and on ability to pay.
 - Provides seamless, affordable transfers to allow customers to easily connect with other services.
- **High Capacity**
 - Coordinates services to serve as many customers as possible.
 - Ensures appropriate training to allow customers from various agencies to be transported on the same vehicle.

- Maximizes vehicle capacity by using appropriate size vehicles.
- Identifies additional funding sources through non-traditional sources or partnerships.
- **High Quality**
 - Establishes services that meet user needs.
 - Creates customer-friendly approach.
 - Sets customer expectations on services, ensure services are on-time, vehicles are clean, and drivers are courteous and customer-oriented.
- **Easily Understood**
 - Provides schedules and information on services that is understandable and available in alternative formats.
 - Establishes a statewide one-stop customer information line.
 - Ensures consistent policies and procedures among various providers.
 - Ensures operations staff and drivers are effective in providing information on services.
- **Safe**
 - Ensures vehicles operate in a safe manner, and passenger facilities and bus stops are safe.
 - Maintains vehicles properly.
 - Ensures drivers are professionally trained.
- **Accessible**
 - Ensure vehicles, facilities, and information are accessible, and accessible features are maintained.

Community Access Steering Committee's Vision

Like housing, the Community Access Steering Committee Task Force stressed that individuals with disabilities, particularly those moving out of institutional settings, require accessible transportation services to live independently in the community. The Committee recommended that the State should strive towards 100 percent accessibility of public transportation for people with disabilities, and the following strategies to improve coordination and availability of transportation services for people with disabilities:

- Explore opportunities to develop pooled funding on a regional basis so that limited transportation resources could be expanded.

- Developing regional brokerage programs to coordinate multiple funding streams could maximize resources by blending trips and eliminating cross-jurisdictional boundaries, ultimately improving services and expanding hours of availability.
- The Department of Health and Mental Hygiene and the Governor's Office for Individuals with Disabilities, with involvement of all appropriate administrations, should collaborate with the Department of Transportation to recommend expanding the responsibilities of the Maryland Coordinating Committee for Human Services Transportation to more comprehensively address the transportation needs for individuals with disabilities.

Developmental Disabilities Administration Transportation Task Force

In response to concerns about transportation voiced by self-advocates through the Ask Me! Survey, the DDA formed a Transportation Task Force. The survey indicates that the lack of transportation was a major challenge for individuals with developmental disabilities. Additionally, the survey noted that transportation was the biggest reported concern from support service providers on behalf of consumers.

In April 2001, the DDA Transportation Task Force issued a report that included the following recommendations:

- Expansion of the scope of the Maryland Coordinating Committee for Human Services Transportation to address more comprehensively the transportation needs of individuals with disabilities.
- The development of regional collaboration groups to identify and discuss best transportation systems within each geographic area of the State.
- Standardized driver training.

IV. HOW WILL WE GET THERE?

How can these objectives be met? Individual objectives will require individual measures, and these are outlined as action items in the following charts. The plan indicates who would be responsible for implementing these tasks as well as a timeline to ensure the progress of this plan, also included on the charts.

The action items in the plan are based on four key recommendations:

1) Improved Coordination of Funding and Services

Improved human services transportation in Maryland means improved coordination of funding and services. To do so, the following steps are recommended:

- **Expand the role of the Maryland Coordinating Committee for Human Services Transportation to provide further oversight at State level and identify ways to foster coordination at the local level.**

The Coordinating Committee would review regional transportation plans to assure effective use of State funds for public and specialized transportation, set standards, review capital requests, and provide State oversight for removing barriers.

The Coordinating Committee would provide a State sign-off on services and capital by region to provide statewide consistency.

The Coordinating Committee would be responsible for implementing various tasks, including:

- developing the process and forms for a standardized review process,
- determining how the administrative services necessary for this oversight would be staffed and funded,
- defining the Coordinating Committee's relationship with State agencies.

The Coordinating Committee composition should be amended to include decision-makers (or those with direct links to decision-makers) with direct contact to the Governor's office, and representatives from regional coordination bodies. This may mean the need to go back to the Governor for a new Executive Order – directing secretaries to attend meetings or giving designees contact with the Governor's office (and/or make chief of staff contact for Coordinating Committee). In addition, a decision on how the Coordinating Committee will be staffed to assume this more active role will need to be reached.

- **Create regional coordination bodies.**

These regional bodies would review transportation programs for local agencies using State funding for public and human services transportation, provide review of capital funding requests and sign off when vehicles or facilities are purchased, and have oversight authority and sign-off of annual grant budgets (for the transportation component only).

The regional bodies would also ensure consistency with State-recommended standards. While criteria will be established by the Coordinating Committee (for example, vehicle replacement standards), the regional bodies would be responsible for oversight of these standards. In addition, the regional bodies would work with local transit systems and specialized transportation providers to ensure consistency in such areas as operating procedures and policies.

These bodies could also provide actual trip brokerage or vehicle sharing arrangements (for example, sharing accessible vehicles).

There should be flexibility with the formation of these coordination bodies to allow each region to develop a structure that best meets their needs. For example, while an association may be the best organizational structure on the Lower Eastern Shore, this may not be best solution for other regions of the State.

These coordination bodies could meet quarterly or semi-annually, with the ultimate goal that all funds for human services transportation would be funneled through the body to local agencies and operators. Individual State agencies will need to discuss this transition and determine the eventual funding flow.

The composition of the regional body could include:

- human service agency representatives (at least one per county)
- public transit operators
- a local elected official (one per county)
- planners
- the MTA regional planner
- customers

The regional body would also send a representative to the monthly Coordinating Committee to discuss progress of coordination efforts in their region.

Ultimately, this step could lead to full consolidation of all public and human services transportation funding through one State agency, and ensure the most efficient use of funding for human services transportation in Maryland. The following timeline has been proposed for this transition:

- Short-term: in 5 years Regional coordination bodies in rural areas
- Mid-term: in 5-10 years Regional coordination bodies in urban areas
- Long-term: 2020 vision Consolidation at State level

2) Establish State Standards

With various agencies funding human services transportation, there is little consistency across the State. Standards are needed to allow for improved coordination of services and ensure customers from different agencies can be transported together to their destinations.

State-recommended standards are needed in many areas, including:

- driver training,
- driver qualifications,
- accessibility,
- maintenance,
- fare policy and fare integration,
- quality of service,
- accounting and reporting,
- insurance requirements/safety/risk management, and
- vehicle types and use/fleet replacement procedures.

The Coordinating Committee would collect information on existing standards, generate a list of standards, prioritize their order for implementation, and provide oversight/enforcement guidance. Individual State agencies would then incorporate these standards into their grant review process.

3) Greater Technical Assistance and Training

Although individual State agencies provide technical assistance — the MTA to locally operated transit systems and other State agencies to human service agencies — the establishment of these standards will require greater assistance, oversight, and coordination. While the MTA would continue to provide guidance with statewide fare integration and standard fare media issues, this plan recommends that TAM take the lead role to provide and standardize training.

TAM is a statewide association of public, private, and non-profit organizations that provide community transportation to jobs, medical services, nutrition programs, education facilities, and recreation centers.

The Coordinating Committee and TAM would define and prioritize needs for issues such as driver training. TAM would administer the program and provide training using available resources and user fees.

4) Implement Statewide Information Clearinghouse

To ensure information on transportation services is available, this plan recommends implementation of a statewide clearinghouse. A toll-free telephone number for customers to call for information on human services transportation would be established that would refer calls to appropriate local entities.

This is also a function that would be best served by TAM. In addition to the toll-free number, TAM would create a database of information on transit and human services transportation, and set up processes to refer regional providers for local trips. The database would be maintained based on data supplied by the Coordinating Committee through the annual review process. Trip planning for cross-regional trips could also be integrated with MTA and WMATA websites.

V. CONCLUSION

Many Maryland residents face limited access to the many social, recreational, and employment opportunities that many others take for granted. Public transit and transportation services provided through human service programs is their vital link to the various array of services, resources, and activities within our communities:

- For senior citizens, this transportation provides independence through access to healthcare services, employment, shopping, and social activities.
- For low-income families who are unable to afford the purchase or the maintenance of a car, this transportation reduces the barriers to sustainable employment and needed childcare.
- For individuals with disabilities living in the community, this transportation prevents isolation and helps ensure a successful transition for those leaving an institution.

It is therefore critical that these services operate as efficiently as possible. This plan is a major step in that direction.

The implementation of this plan is dependent on each State agency including the recommended action items into their current funding cycles. In addition, each agency will need to develop review processes to ensure transportation providers receiving funds from their agency are compliant with coordination efforts and established standards.

Each State agency must commit to a more active role if the Coordinating Committee is to assume the expanded role advocated by this plan, and necessary for improved coordination of human services transportation. In addition, a decision on how the Coordinating Committee will be staffed to assume this more active role will need to be reached.

At the local and regional levels, elected officials, transportation providers, human service agency representatives, planners, and customers will need to work together to create the regional or county coordination bodies and take a more active role in the coordination of services and funding in their communities or regions.

Though increased collaboration between State agencies and improved coordination at the local level, public transit and human services transportation in Maryland will meet more of today's needs and tomorrow's mobility challenges.